

MARYLAND DEPARTMENT OF THE ENVIRONMENT  
Water Management Administration - Water Rights Division  
1800 Washington Blvd. • Baltimore, Maryland 21230  
(410) 537-3591 • 1-800-633-6101 • http://www.mde.state.md

APPLICATION TO APPROPRIATE AND USE WATERS OF THE STATE

☒ New Application ☐ Change in Existing Permit

Application Number \_\_\_\_\_

APPLICATION

Christopher Diez

(Owners Name)

716-439-1273

(Daytime Phone Number)

140 Professional Parkway, Suite A

Lockport

New York

14094

(Mailing Address)

(Street)

(City)

(State)

(Zip Code)

**WITHDRAWAL of GROUNDWATER**

Appropriate and use an annual average of

Gallons per day, and

(Total Annual Use / 365)

gallons per day during

(Highest Monthly Use / 30)

month of maximum use, from \_\_\_\_\_ wells, having a

diameter of \_\_\_\_\_ inches, and a depth of \_\_\_\_\_ feet

(Estimate)

(Estimate)

**WITHDRAWAL of SURFACE WATER**

Appropriate and use an annual average of 84 Million gal/yr  
based on 3 distinct events at 28 Million  
gal each gallons per day, and a maximum use

(Total Annual Use / 365)

of 25,632,000 gallons in any one day, from

Patapsco River

(Name of Stream or Waterway)

To be determined

(Exact Location of Intake)

PROJECT LOCATION

600 Shipyard Road-see figure 1.3-1 of FERC filing of Resource Report 1

(STREET ADDRESS - MAP DIRECTIONS - ADC PAGE/GRID - TAX MAP PAGE/GRID/PARCEL)

County Baltimore Subdivision or Town Baltimore

Phone Number 716-439-1273

Name and Type of Business AES Sparrows Point LNG, LLC

SUBDIVISIONS MUST INCLUDE PLAT - ALL PROJECTS MUST INCLUDE LOCATION MAP

PURPOSE

The water will be used for:

- ☐ Community Water Supply  
☐ Non-Potable Supply (sanitary non Drinking Water)  
☐ Potable Supply  
☐ Cooling Water  
☐ Irrigation  
☐ Process Water  
☒ Other, explain Hydrotesting of Storage

WASTEWATER TREATMENT AND DISPOSAL

- ☐ Public Sewer  
☐ Groundwater  
☐ Subsurface (Tilefield, Seepage Pit etc.)  
☐ Spray Irrigation  
☐ Other, Explain \_\_\_\_\_

☐ Surface Water \_\_\_\_\_

(Name of stream)

DISCHARGE PERMIT # \_\_\_\_\_

SIGNATURE

Christopher Diez

Vice President

PRINT (NAME)

(TITLE)

(DATE)

THIS APPLICATION WILL NOT BE  
PROCESSED WITHOUT A SIGNATURE  
AND LOCATION MAP

REVIEW BY COUNTY ENVIRONMENTAL HEALTH OR DESIGNATED AGENCY

THIS SECTION NOT TO BE COMPLETED BY APPLICANT

IS PROJECT CONSISTANT WITH THE COUNTY WATER AND SEWER PLAN AND LOCAL PLANNING AND ZONING?

☐ YES ☐ NO, Explain \_\_\_\_\_

Signature of County Representative \_\_\_\_\_

(Signature)

(Title)

(Date)